

Business Partner Approver Certification

MH 3254 (Rev 08/06)

For Access to Confidential Mental Health Information**Business Partner:** _____

To ensure the confidentiality of mental health data, the Department of Mental Health, Information Technology (DMH-IT) requests the appropriate DMH chief or hospital Executive Director designate a primary and a secondary contact to be responsible for approving business partner staff requests for access to confidential patient data in the systems checked below. Please provide this information in the spaces below and fax this form to (916) 654-3007. If you have questions about this form, please call (916) 654-3117.

Primary Approver:

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: : (____) _____

Email Address: _____

Primary Approver's Signature: _____

(Signer acknowledges having read [DMH Letter No. 99-02](#) regarding confidentiality of client information)**Secondary Approver:**

First Name: _____ Last Name: _____

Title: _____

Phone Number: (____) _____ Fax Number: : (____) _____

Email Address: _____

Secondary Approver's Signature: _____

(Signer acknowledges having read [DMH Letter No. 99-02](#) regarding confidentiality of client information)**Mental Health Systems:****Please check the systems for which the above approvers may authorize access requests:**DMH Headquarters Systems

- ☐ HHSDC (a.k.a. HWDC)
- ☐ Pre-Admission Screening & Resident Review (PASSAR)
- ☐ Conditional Release Program (CONREP)
- ☐ State Compensation Insurance Fund (SCIF)
- ☐ CDC Inpatient Detail
- ☐ Sexually Violent Predators (SVP)
- ☐ Conlan Claiming System (CSS)

DMH Hospital Systems

- ☐ HHSDC (a.k.a. HWDC)
- ☐ State Hospital Outcome Evaluation System (SHOES)
- ☐ Workers Injury Tracking System (WITS)
- ☐ Wellness & Recovery Model Support System (WaRMSS)

DMH Certification:

As Chief or Executive Director of _____, I designate the above individuals to have independent authority to approve access requests to specific confidential mental health patient data. The DMH-IT may rely on approvals, denials, and changes made by these individuals in its processing of access requests to the above selected system(s). As changes occur to the above approving contact's information (name, phone, e-mail or system), I will sign an updated certification and forward it to DMH-IT. Also, I acknowledge reading [DMH Letter 99-02](#) regarding confidentiality of client information.

Chief or Executive Director

(signed and printed)

Date